Homeless Solutions Program SFY2020

Request for Proposals

Due Date: Wednesday, April 17, 2019 by 4:00 P.M.

For questions regarding this Request for Proposals please contact:

Michelle Hippert, CoC Manager
Howard County Department of Community Resources and Services (DCRS)
9830 Patuxent Woods Drive, Columbia, MD 21046
Phone: 410-313-5971, E-mail: mhippert@howardcountymd.gov
If you need this application in alternate format, please contact 410-313-6400

The Department of Community Resources and Services (CoC Lead Agency/Collaborative Applicant) is seeking Proposals to implement and operate a Housing Stabilization Program(s) in Howard County. We are seeking to expand Rapid Rehousing through this funding source.

If you are interested in applying for Homeless Prevention, the CoC Lead Agency prefers the combining of Homeless Prevention with Rapid Rehousing to streamline access to the funds and maximize use of the State Homeless Solutions Program grant. This is not a requirement to apply for Homeless Prevention nor Rapid Rehousing.

Applications may include the Total or a Portion of the following:

- **Rapid Rehousing - $143,200**
    - Rental Assistance - $103,000
    - Financial Assistance - $19,000
    - Case Management - $21,200
- **Homeless Prevention - $5,000**
    - Rental Assistance - $4,000
    - Financial Assistance - $1,000
- **Total: $148,200**

- **Case Management Only - $18,000**
    - To cover a portion of a case manager exclusively working with households enrolled in a Permanent Supportive Housing Program.
    - Eligible Programs include: McKinney I, McKinney III, Project Revive, Project Stability, Gateway Home, Shelter Plus Care.
- **Total: $18,000**

Note: If you have any questions, please contact Michelle Hippert in advance of your submission.

Application Cover Sheet

Program Component
Please list amount requesting in each, as applicable

$_____ Street Outreach $_____ Emergency Shelter

$_____ Rapid Rehousing $_____ Homeless Prevention $_____ Case Management

Total Amount Requested: $ _____

Executive Director/Director/President Name   **Title**

Email   **Phone Number**

Agency's Legal Name

Street Address

City/State/Zip

Contact Person for HSP   **Title**

Email   **Phone Number**

Federal Identification Number (FEIN)

Agency DUNS Number (9 digits)

Select: 501©3 _____   501© 4_____   Gov't Agency _____

Applicant Certification:

Name: Title:

Signature: Date:

Narrative Response: *Housing Stabilization Service*

All applicants must respond to the following questions.

1. Agency Overview:
    a. Provide an overview of your agency, including the organizational structure, operating processes and capacity.
    b. Describe your organizational financial policy, controls, and capacity, including the presence and accuracy of financial management systems, accounts, funds, reports, and other documentation;
    c. Outline your agency's participation in the Coalition to End Homelessness' Board, overall Coalition, and Committees/Workgroups.
2. Community Need:
    a. Provide a brief description of the need in the community your agency would be responding to through this program; and
    b. Use current and relevant data that show how the need will be met.
3. Rapid Rehousing: *Program Core Components:*
    a. Provide a general description of the program your agency will implement/operate.
    b. Describe how your agency will help connect clients most in need of services with permanent housing: to "*Find Housing, Pay for Housing, Stay in Housing.*" Description must outline ways your agency will implement the Core Components within best practices.
        i. Fully aligning and operating within the established Coordinated Entry requirements for referrals;
        ii. Identifying appropriate housing and quickly move the household into housing;
        iii. Providing rent and move-in assistance; and
        iv. Ensuring appropriate and effective support services will be provided for households to achieve housing stabilization after assistance has ended.
    c. Identify key staff members responsible for each of the Program Core Components. Attach job descriptions for these key staff members.
4. Homeless Prevention: *Program Components:*
    a. Provide a general description of the program your agency will implement/operate;
    b. Describe how your agency will help connect households most in need with short-medium term rental assistance to prevent a homeless episode. Description must outline ways your agency will implement activities within best practices, including:
        i. Fully align and operate within the established Coordinated Entry requirements for referrals;
        ii. Conducting crisis resolution/mediation with landlords/property management;
        iii. Upholding participant choice;
        iv. Providing the least amount of rent and financial assistance to stabilize the household; and
        v. Ensuring appropriate and effective support services will be provided for households to achieve housing stabilization after assistance has ended.

    c. Identify key staff members responsible for each of the Program Core Components. Attach job descriptions for these key staff members.

5. Case Management Only:
    a. Provide a general description of your agency's case management standards and how they are developed and designed to serve unique needs of the Chronically Homeless;
    b. Provide a description of how your agency's case managers are trained in evidence-based best practices (ie: trauma informed care, motivational interviewing, critical time intervention, etc.) and how they will be incorporated into housing stability case planning;
    c. Provide a description of how your agency's case managers will connect with other providers for full service integration;
    d. Provide a description of how your agency's case managers will:
        i. Conduct crisis resolution/mediation with landlords/property management upon or prior to housing placement; and
        ii. Uphold participant choice.
    e. Identify key staff members who will be responsible for conducting Case Management for this program. Attach job descriptions for all key staff members.

6. Distinction:
    a. Address how your agency's approach will successfully meet the requirements of the program, and how your agency has the capacity needs to implement and/or operate this program;
        i. Describe the strengths your agency would bring to operating this program, and any areas you anticipate needing technical support; and
        ii. Describe how this will be operated differently than other housing interventions/programs provided at your agency.

7. Performance:
    a. Current Sub-grantees:
        i. Describe your agency's past *grant* performance in implementing/operating program(s) funded through HSP (and ESG, if applicable); this includes timeliness of invoice submissions, and monitoring outcomes.
        ii. Describe your agency's most recently completed quarter of data performance, including data entry timeliness, completion, error rates. This must include how effective your agency was at meeting outputs and supporting outcomes related to the program's and the CoC's system performance measures. If you are a current HSP provider, you must
            1. Contact Keisha Benjamin (kbenjamin@howardcountymd.gov) for a copy of your program's performance report.
            2. Use the performance report to explain the performance of your program including data entry timeliness, data completion, error rates and a description of how the program is meeting outputs and supporting outcomes related to system performance.

8. Target Population:

a. Describe the population that you intend to serve and the specific needs of that population group, including any research, statistics or other data (primarily including local data) to demonstrate need; or

b. If you do not have a target population or subpopulation that you will tailor the program to, please use this section to further expand upon question #2 (from above).

Request for Proposal Guidelines

Eligibility Criteria:
1. Be a private voluntary non-profit organization, or unit of local government
2. Have an accounting system
3. Practice nondiscrimination
4. Make services available to eligible residents in conformance with federal, state, and local housing and human rights laws
5. Be an active member of the Howard County Coalition to End Homelessness
6. Have the ability to participate in Coordinated Entry
7. Have the ability to meet HMIS requirements

Request for Proposal Response Includes:
1. **"Submission" (Per Program Component), includes the following:**
    a. Application Cover Sheet (attached)
    b. Narrative Response (3 – 5 pages*)
    c. Budget Form (attached)
    d. Job Descriptions referenced in Narrative Response
2. **"Attachments" (Per Agency), includes the following:**
    a. Written Standards for administering assistance
    b. Any/all documents required for operating the program
    c. Most current financial statement, agency audit

*Narrative Responses must be between three (3) and five (5) pages. Please use **12-point font** and **number the pages sequentially**. Required Attachments are not included in the Narrative Responses.

Submission Includes:
    a. Six (6) hard copies of each "Submission" (Per Program Component)
    b. One (1) hard copy of "Attachments" (Per Agency)
    c. One (1) electronic version of both Submission(s) and Attachments

Applications are due **no later than 4:00 p.m. on Thursday, April 18, 2019.**

All application materials are to be submitted to:
Michelle Hippert, CoC Manager
Howard County Department of Community Resources and Services
9830 Patuxent Woods Drive, Columbia, MD 21046
mhippert@howardcountymd.gov
410-313-5971